

APPLICATION

Cadet Troop Leadership Training Internship

Complete application by typing all information.				
1. Last Name, First MI	2. Gender	3. MS Level	4. SSN	5. Date of Application
6. University/College Name:		7. University/College FICE Code		
8. University/College Address:		9. Region: Brigade:		
10. Professor of Military Science (PMS) Name:				
11. Phone Number ROTC Department:				
12. Cadet E-mail (AKO) Address:				
13. Cadet Phone Number:				
14. Name of Academic Major:				
15. What is your cumulative GPA in academic major?				
16. Have you completed National Advanced Leadership Camp (NALC)? (YES) (NO)				
17. If No, are you scheduled to attend NALC? (YES) (NO)				
18. Place an "X" next to the internship for which you are applying. (Select only one internship) ___ AMEDDIP ___ ASBIP ___ CILIP ___ CIP ___ EIP ___ HFPAIP ___ IMSIP ___ JAGIP ___ MIIP ___ NGICIP ___ PAOIP ___ ORSAIP ___ RSIP				
RSIP Applicants ONLY. 19. Last APFT date & score.				
AMEDDIP Applicants ONLY 22. What specific medical career field is of interest to you?				
ALL APPLICANTS 23. Why are you applying for this Internship?				
ALL APPLICANTS 24. How does this internship correlate with your academic major?				
ALL APPLICANTS 25. What experiences do you expect to gain from this internship?				
ALL APPLICANTS 26. List any "real world" experiences you have gained in your academic major.				
Email this application form to the mailbox specified on the Online Application page. Fax all supporting documents required within 48 hours of submission of this application to the CTLT Program Manager, DSN 680-5454 or COM (757) 788-5454. The official Fax Cover Sheet is available from the CPDT website.				

HLJ 12 AUG 2003

DOLD USE ONLY

DATE RECEIVED _____